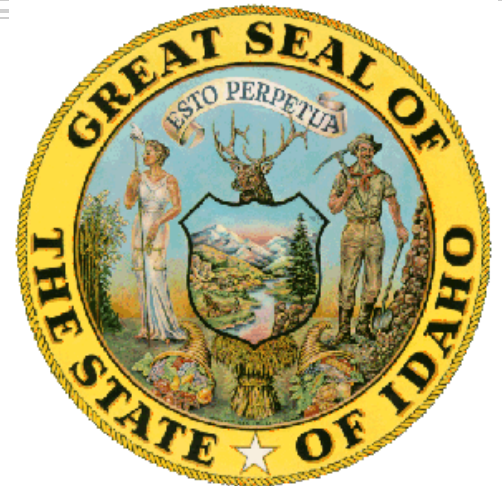


# Behavioral Health Transformation Work Group

**A Proposal for  
Transformation**



# Existing Situation

- In Idaho, the mental health and substance abuse systems are two separate systems – from both a service delivery and a structural standpoint.
- Consumers, families and payers of services must utilize two entirely different systems to secure services.
- The cost of services and the standards by which they are delivered differ throughout regions, communities and providers

# Existing Situation

- In 2008, the Department of Health and Welfare [DHW] provided services to approximately 63,000 individuals with mental health and substance use disorders
- This figure does not include individuals in detention centers, jails or prison, those who received private services and those who went without service
- 50–70% of individuals with mental health or substance use disorders have co-occurring conditions

# Existing Situation Continued

- The current economic crisis makes a dire situation worse
- Many studies and groups have made recommendations to for a system that integrates the mental health and substance abuse, is regionally based, and consumer and family focused
- Most recently, the Western Interstate Commission for Higher Education [WICHE] study provided important guidance and recommendations

# In the Future...

- Idaho citizens and their families should have appropriate access to quality services that are coordinated, efficient and accountable
- We must move forward in a strategic manner to ensure that we have a strong, consistent and effective system
- With the Health Care Reform, the predominant population is anticipated to have health care/mental health benefits in 2014

# Seeking Transformation

- Through Executive Order 2009-04, the Behavioral Health Transformation Work Group [BHTWG] has been tasked to:
  - Develop a plan for a coordinated, efficient state behavioral health infrastructure
  - Provide for stakeholder participation into the plan
  - Present the BHTWG Plan to the Governor, the Senate and House Health and Welfare Committees and the Legislative Healthcare Taskforce

# Governor-Appointed Members

**Skip Oppenheimer**

BHTWG Chair  
CEO Oppenheimer Companies

**Richard Armstrong**

Director, Department of Health and Welfare

**Dr. Kenneth Coll**

Boise State University

**Sharon Burke**

Administrator, Office of Drug Policy

**Sharon Harrigfeld**

Director, Idaho Department of  
Juvenile Corrections

**Margaret Henbest**

Citizen representing consumers

**Captain Sam Hulse**

Bonneville County Sheriff's Office

**Matt McCarter**

Superintendent's Designee  
State Department of Education

**Dr. Charles Novak**

Chief of Psychiatry, St. Alphonsus Hospital

**Tony Poinelli**

Deputy Director, Association of Counties

**Brent Reinke**

Director, Idaho Department of Corrections

**Patti Tobias**

Administrative Director of the Courts

**Teresa Wolf**

Chair, Idaho State Planning Council on  
Mental Health

# Keys to Success

- Executive, Legislative, Judicial Branch commitment and bi-partisan support
- Consensus around vision
- Realistic and committed planning process
- Execution strategy



# Status

- Established a vision and goals
- Identified an array of core services to develop in each region
- Generated a structure that can achieve a transformed system
- Seeking your review, input and suggestions on the draft plan
- Will use that input to guide the revision to the plan which we will provide as a recommendation to the Governor

# Presentation Process

Review entire proposal:

- Vision and Goals
- Array of Core Services
- Proposed Structure

Questions and Discussion

# Vision

Idaho citizens and their families have appropriate access to quality services provided through the publicly funded mental health and substance abuse systems that are coordinated, efficient, accountable and focused on recovery.

# Goals

- Increase availability of and access to quality services
- Establish an infrastructure with clear responsibilities and actions
- Create a viable regional and/or local community delivery system
- Efficiently use existing and future resources
- Increase accountability for services and funding
- Seek and include input from stakeholders and consumers

# Deliverable:

## Array of Core Services

- Intent is to have a “floor”, or array of core services available to each region

# Array of Core Services

**The goal is to make the following array of core services available in each region – providing for a continuum of care**

Assertive Community Treatment (ACT), Intensive Case Management and Wraparound	Illness Self Management and Recovery Services	Early Intervention Services for Children and Adolescents	Supported Housing
Assessments and Evaluations	Inpatient Psychiatric Hospitalization	Psychiatric Emergency and Crisis Intervention Services (24/7 with open door access)	Transportation
Case Management Services	Medication Management	Psychotherapy (including trauma-informed care and cognitive behavioral therapy)	24-Hour Out-Of-Home Treatment Interventions For Children And Adolescents
Designated Examinations and Dispositions	Peer Support Services	Alcohol & Drug Residential Treatment	Day Treatment, Partial Care and Partial Hospitalization
Intensive Outpatient Treatment	Prevention Services	Supported Employment	

# Array of Core Services Continued

- The array of core services would be a combination of services available for purchase through a Regional Provider Network, crisis services provided by DHW, and community supports developed on a regional basis
- The generation of this array of core services will take time, and it will require regional leadership and structural support

# Structural Support

## Two Key Components:

- Governance Structure
  - Roles and Responsibilities
- Service Delivery
  - Contracted network of providers
    - Provider Networks
    - DHW Crisis Services
    - Community Supports
  - Money flow



# Structural Support

- Governance Structure
  - Roles and Responsibilities

# Regional Behavioral Health Community Development Boards

Focus: Articulating regional needs and guiding and building regional capacity

- Composition:
  - Integrates mental health and substance use
  - Representatives from each county, education, law enforcement, consumer and family representative, key stakeholders, physician representing the Regional Provider Network
  - Features regionally-focused consumer and family subcommittee

# Regional Behavioral Health Community Development Boards

- Role and responsibility
  - Establish regional strategic plan for behavioral health based on needs, resources, priorities and collective funding available
  - Guide development of Regional Provider Networks by articulating regional needs and priorities in provider contracts
  - Evaluate and influence contract modifications of Regional Provider Networks
  - Build capacity to allow for regional strategies to create new programs
  - Secure grants for services and other community supports
  - Leverage resources and generate opportunities for services such as housing and supported employment
- Fiscal capacity (Public Health Districts or other)

# Statewide Behavioral Health Planning Council

Focus: advocacy and advise on state level

- Composition:
  - Incorporate substance abuse into role of State Mental Health Planning Council and change name
- Role and Responsibility
  - Continue to be consistent with federal requirements
  - Advocate for children and adults
  - Collect issues of shared concern among Regional Boards and Consumer and Family Subcommittees and propose solutions
  - Representative participates on Statewide Behavioral Health Cooperative

# Behavioral Health Interagency Cooperative

Focus: Coordinate and generate the systemic supports required of the transformed system

- Composition:
  - Small, action-oriented group that coordinates transformation on behalf of their respective client needs and agency requirements
  - Government entities that purchase and use services:
    - Department of Health & Welfare
    - Department of Corrections
    - Department of Juvenile Corrections
    - State Department of Education
    - Office of Drug Policy
    - Courts
    - County Representative
    - Consumer and Family Representation via State Behavioral Health Planning Council

# Behavioral Health Interagency Cooperative

- Roles and Responsibilities
  - Complete tasks associated:
    - Data coordination
    - Quantifying state expenditures
    - Articulate needs, requirements and priorities for provider network
    - Confirm shared understanding of service standards
    - Fulfill reporting requirements
  - Secure Transformation Champion
  - Ensure Accountability

# Transformation Champion / Project Manager

Focus: Facilitates the transformation process on behalf of Cooperative and Regions

- Characteristics: Highly skilled project manager/collaborator
- Roles and Responsibilities:
  - Chair Cooperative/works across all agencies
  - Regional Liaison
  - Responsibility and authority for daily, operational activities to achieve transformation throughout regions, across agencies and systems
  - Collect needs, priorities and requirements of Cooperative and Regional Boards to ensure they are addressed in Provider Networks/Contract(s)
  - Ensures integrity of braided funding process

# Guarantor of Care

Focus: Quality Assurance

- Department of Health and Welfare
  - Establishes standards of service with statewide applicability
  - Quality Assurance
  - Defined form of payment that moves toward Managed Care
- Reports results
- Reports to Governor



# Regional Provider Networks

Focus: Provide regionally-oriented services

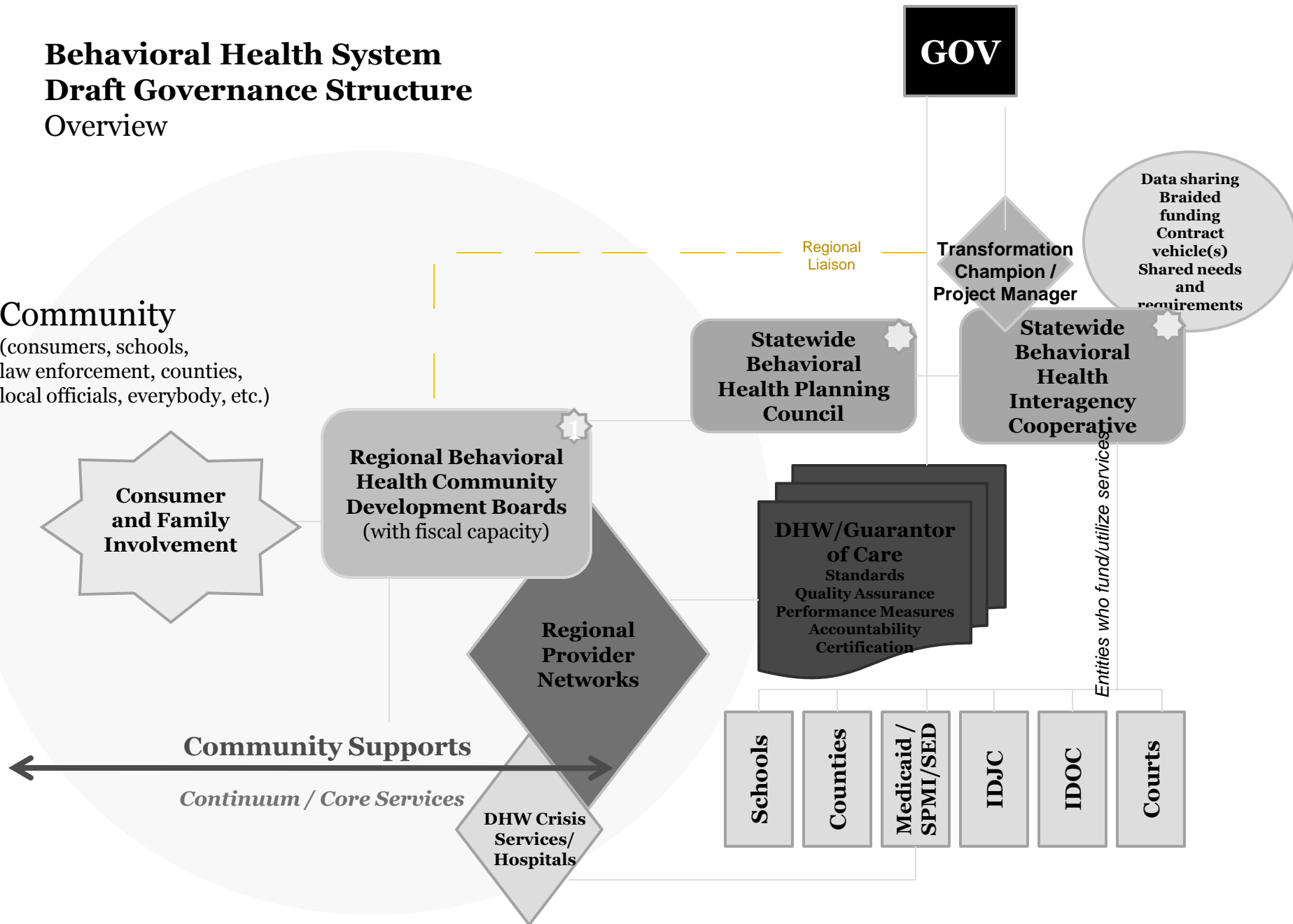
Characteristics:

- Each network characterized by regional needs and priorities
- Strong community partner
- Services meet consistent statewide standards monitored by Guarantor of Care
- Services purchased through braided funding environment to maximize purchasing power
- Provide outcomes/evidence-based reporting
- Reporting requirements fulfill payers' needs
- Provide a physician/psychiatrist representative to represent the Network on the Regional Board

# Behavioral Health System Draft Governance Structure Overview

## Community

(consumers, schools,  
law enforcement, counties,  
local officials, everybody, etc.)



# Structural Support

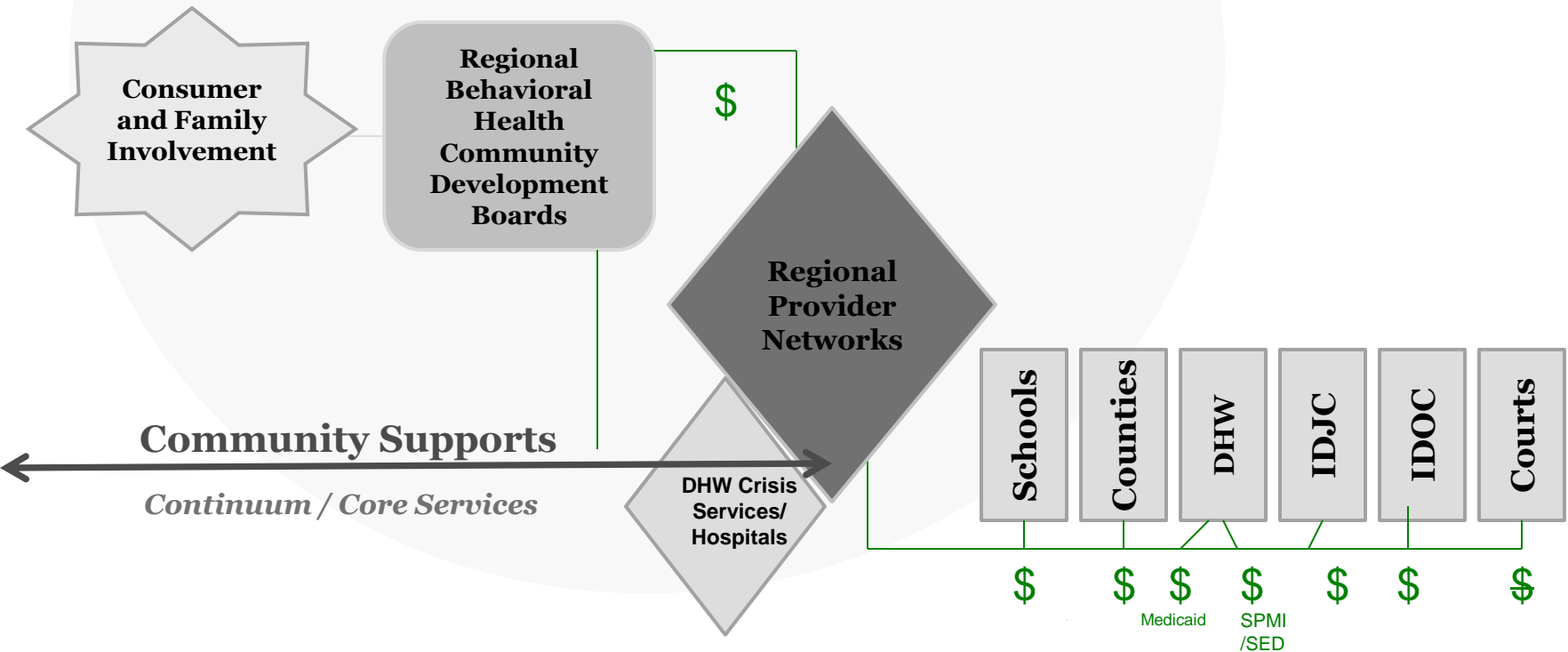
- Service Delivery
  - Contracted network of providers
    - Provider Networks
    - DHW Crisis Services
    - Community Supports
  - Money flow

# Purchasing Services

## •Money Flow

### Community

(consumers, schools,  
law enforcement, counties,  
local officials, everybody, etc.)



## Purchasing Services

- Money Flow
- Requirements

## Regional Provider Network Requirements

Serve families and consumers / recovery oriented  
Reflect regional priorities  
Fulfill regional and agency requirements  
Adhere to consistent statewide standards  
Meaningful performance measures  
Stimulate efficient and coordinated data sharing  
Leverage purchasing power  
Informs reporting requirements

## Community

(consumers, schools,  
law enforcement, counties,  
local officials, everybody, etc.)

**Consumer  
and Family  
Involvement**

**Regional  
Behavioral  
Health  
Community  
Development  
Boards**

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**Regional  
Provider  
Networks**

**Community Supports**

*Continuum / Core Services*

**DHW Crisis  
Services/  
Hospitals**

**Schools**

**Counties**

**DHW**

**IDJC**

**IDOC**

**Courts**

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Medicaid  
SPMI  
/SED

**Respective  
Reporting  
Requirements**

## Purchasing Services

- Money Flow
- Requirements
- Contractual inputs and obligations

## Community

(consumers, schools, law enforcement, counties, local officials, everybody, etc.)

**Consumer and Family Involvement**

**Regional Behavioral Health Community Development Boards**

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**Regional Provider Networks**

**Community Supports**

*Continuum / Core Services*

**DHW Crisis Services/  
Hospitals**

**Contract(s)**

**Transformation Champion / Project Manager**

### Regional Provider Network Requirements

Serve families and consumers / recovery oriented  
Reflect regional priorities  
Fulfill regional and agency requirements  
Adhere to consistent statewide standards  
Meaningful performance measures  
Stimulate efficient and coordinated data sharing  
Leverage purchasing power  
Informs reporting requirements

**Schools**

**Counties**

**DHW**

**IDJC**

**IDOC**

**Courts**

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Medicaid  
SPMI / SED

**Respective Reporting Requirements**

## Funding and Purchasing Services

- Money Flow
- Requirements
- Contractual inputs and obligations
- Accountability

GOV

Transformation  
Champion /  
Project  
Manager

Regional liaison

Statewide  
Behavioral  
Health Planning  
Council

Behavioral  
Health  
Interagency  
Cooperative

## Community

(consumers, schools,  
law enforcement, counties,  
local officials, everybody, etc.)

Consumer  
and Family  
Involvement

Regional  
Behavioral Health  
Community  
Development  
Boards

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Contract(s)

Regional  
Provider  
Networks

DHW/Guarantor  
of Care

Entities who fund/utilize services

## Community Supports

Continuum / Core Services

DHW Crisis  
Services/  
Hospitals

Schools

Counties

DHW

IDJC

IDOC

Courts

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Medicaid  
SPMI  
/SED

Respective  
Reporting  
Requirements

# Review

Based on goal statements



# Review

## Goal 1: Increase availability of and access to quality services

- Capacity for array of core services in each region available through combination of Regional Provider Network, DHW crisis services, and community supports
- Regional Boards generate and implement strategic efforts to achieve regional goals
  - Have fiscal capacity [potentially through Public Health Districts] to pursue community supports
- Statewide standards and contractual accountability ensure quality services

## Challenges:

- Have to build capacity over time
- Some regions will not be able to secure the entire array of core services and may have to look to other regions for assistance

# Review

Goal 2: Establish an infrastructure with clear responsibilities and actions

- Coordinated and integrated infrastructure focuses on behavioral health and responds to consumer and family needs:
  - Regional Behavioral Health Community Development Boards
  - State Behavioral Health Planning Council
  - Behavioral Health Interagency Cooperative
  - Transformation Champion

## Challenges:

- Learning to provide services for mental health/substance abuse together
- Giving up historical structure in order to revise for current needs

# Review

## Goal 3: Create a viable regional and/or local community delivery system

- State Cooperative and Regional structures as proposed creates a platform that makes the opportunity and evolution possible
- Regional Boards plan for/generate continuum of care through venues available including: Regional Provider Networks, DHW crisis services, and other community supports
- Array of core services as a “floor”
- Regions will influence Regional Provider Network contract [however managed] and look beyond to build capacity in order to meet specific needs

## Challenges:

- To contract for Medicaid/crisis services, regions must assume accountability and reporting responsibilities
- Concerns that regions will not have enough influence over their delivery system or that they will be expected to deliver more than they are able to

# Review

## Goal 4: Efficiently use existing and future resources

- Structure supports braided funding effort
- Minimal number of contracts enhances state's purchasing power, lowers administrative costs and enables application of consistent standards
- Integrated structure and system generate efficiencies

## Challenges:

- Takes time and data to achieve a meaningful managed care environment
- Contracting structure will need to evolve
- Discomfort with the unknown

# Review

## Goal 5: Increase accountability for services and funding

- Statewide service standards overseen by DHW and articulated in contracts
- Minimal number of contracts increase state's purchasing power and provider accountability
- Regions are aware of collective resources directed to their regions

## Challenges:

- Regions may want to have and manage all the funding and all the delivery, which has implications per reporting requirements and accountability of the various agencies

# Review

Goal 6: Seek and include input from stakeholders and consumers

- Regional effort features consumer and family subcommittee and involvement
- Regional plans respond to local needs
- Consumer and Family representative participates on Regional Board
- Regional Boards have input into network contract
- Statewide Planning Council features 51 percent consumer and family participation
- Planning Council representative participates on Cooperative

## Challenges:

- Confidence that consumers and families have meaningful role

# Proposal: The Non-Negotiables

- The System and the structure are integrated [mental health and substance abuse service delivery system] at all levels
- Structured to generate outcome-based results/ functionality for consumers and families
- Leverage the State's purchasing power – best service at best cost
- Consistent statewide standards
- Effective, collective data gathering, sharing and reporting
- The group must provide a recommendations report to the Governor

# Informational Sources Shaping Plan

- Comprehensive Statewide Mental Health Transformation Action Plan 2007
- Statement of Needs and Gaps, (Region II Mental Health Board, February 2008)
- Legislative Council Interim Committee – Mental Health and Substance Abuse Treatment Delivery System
- Mental Health Substance Abuse Workgroup
- Juvenile Justice Children's Mental Health Strategic Plan
- Mental Health Stakeholder Implementation Plan, (NAMI-Boise Mental Health Association)
- Interagency Work Group on Mental Health Services
- Interagency Committee on Substance Abuse
- Western Interstate Commission for Higher Education Study 2008
- Western Interstate Commission for Higher Education Report April 29, 2009